## **AUTHORIZED ELECTRICAL UTILITY REPRESENTATIVES**

**PSC R.103-312.D: Authorized Representative.** The electrical utility shall advise the commission and the ORS of the name, address and telephone number of the person, or persons to be contacted in connection with: a. General management duties; b. Customer relations (complaints); c. Engineering and/or Operations; d. Meter tests and repairs; e. Emergencies during non-office hours.

	CERTII	FICATED	COMPANY	Y INFORM	ATION	
Company Name						
dba/fka					Telephone #	
Mailing Address						
City, State, Zip Code	<u> </u>					
<b>Business Location</b>						
City, State, Zip Code	<u>,                                      </u>					
Please PRINT aut	horized r	epresenta	ative's nam	ne and cont	tact information for th	<u>e</u>
following:						
	_					
a. General M	lanager					
				=		
				_		
				_		
malas I	Normali and	/E	la Massala -	/IE	-21 A J J	
Telephone	number	/Facsimi	ile Number	/E-ma	ail Address	

Customer Relations/	Complaints Representa	tive for <u>Written Complaints</u>
Telephone Number	/Facsimile Number	/E-mail Address
Customer Relations/	Complaints Representa	tive for <u>Verbal Complaints</u>
Telephone Number	/Facsimile Number	/E-mail Address
Customer Relations/	Complaints Representa	tive for <u>Escalated Complain</u>
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b.

Engineering and/or C		
Telephone Number	/Facsimile Number	/E-mail Address
Meter Tests and Repa	irs	
Telephone Number	/Facsimile Number	/E-mail Address
Emergencies during 1	non-office hours	
Telephone Number	/Facsimile Number	/E-mail Address
Home Phone Number	Cell Phone Number	
RETURN COMPLETE	D FORM TO:	
Public Service Commissi Docketing Department 101 Executive Center Dri Columbia, South Carolin	ve, Suite 100	
And		

Office of Regulatory Staff Attn: Susan Hauptmann 1401 Main Street, Suite 900 Columbia, South Carolina 29201